PAGE 1/8

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) JOBS OPPORTUNITY AND NEW IDEAS PAC PO BOX 93441 ADDRESS (number and street) (Check if address is changed) **DES MOINES** 50393 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@COMPLIANCECONSULTINGVA.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00566851 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. CABELL HOBBS Type or Print Name of Treasurer CABELL HOBBS [Electronically Filed] Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

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